

Document:  
AE Cost Sheet

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**Fermi Research Alliance, LLC**  
**2014 Cost Sheet-Monthly Deductions**

January 1, 2014 - December 31, 2014

Payroll deductions for medical & dental coverage are on a pre-tax basis,  
Life insurance & LTD deductions are on a post-tax basis

Medical Plans			
	Single	Family	
BCBS IL PPO Plan	\$142.24	\$483.97	
BCBS IL PPO Premium Plan	\$156.46	\$649.33	
Blue Cross Blue Shield Blue Advantage HMO	\$113.74	\$386.69	
Dental Plans			
CIGNA Dental PPO	\$10.07	\$52.14	
CIGNA Dental Health HMO	\$12.06	\$34.33	
Life Insurance			
Basic Life Insurance – Full cost paid by FRA. <i>Benefit equals one times annual base pay rounded to nearest \$1,000 with \$400,000 coverage maximum</i>			
Supplemental Life Insurance			
<i>Evidence of insurability required for amounts above \$500,000 and for Supplemental III and IV</i>			
Supplemental I	(additional one (1) times your annual base pay rounded to nearest \$1,000)		
Supplemental II	(additional two (2) times your annual base pay rounded to nearest \$1,000)		
Supplemental III	(additional three (3) times your annual base pay rounded to nearest \$1,000)		
Supplemental IV	(additional four (4)times your annual base pay rounded to nearest \$1,000)		
Supplemental Life Premium Rate Table:			
Employee Age	Cost/\$1,000 of Coverage	Employee Age	Cost/\$1,000 of Coverage
Under 30	\$0.04	50 to 54	\$0.21
30 to 34	\$0.06	55 to 59	\$0.38
35 to 39	\$0.07	60 to 64	\$0.55
40 to 44	\$0.09	65 to 69	\$0.88
45 to 49	\$0.13	70 & Over	\$1.46
Dependent Life Insurance (Employee must be enrolled in Supplemental coverage)			
Option A	Spouse \$5,000 & Child/ren \$2,000	\$0.663	
Option B	Spouse \$10,000 & Child/ren \$4,000	\$1.31	
Accidental Death and Dismemberment			
Basic (one times annual base pay rounded to nearest \$1,000, \$12,500 maximum) Full cost paid by FRA			
Long Term Disability			
\$ .2738 per \$100 of base pay (maximum employee cost = \$54.76/month)			